

CLAIMS ONLY

Application Number

09/804,405

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
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46							
47							
48							
49							
50							
Total Indep							
Total Depend							
Total Claims							

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/804,409 FILING DATE

ATTORNEY DOCKET NO.

6-26-06

CLAIMS

I cont.

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							151						
102							152						
103							153						
104							154						
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148							198						
149							199						
150							200						
TOTAL IND.	2	↓		↓		↓							
TOTAL DEP.	28	←		←		←		↓		↓		↓	
TOTAL CLAIMS	30	[dotted]		[dotted]		[dotted]		[dotted]		[dotted]		[dotted]	